

**TESTIMONY**  
Of  
**Jonathan Musher, MD**  
*On behalf of the*  
**American Health Care Association**

**U.S. Senate Special Committee on Aging**  
**September 22, 2003**

Good afternoon Senators Craig, Breaux, and members of the Committee. I appreciate the opportunity to be with you here today -- and to provide you with perspective and insight on the oral health care needs and requirements of our nation's frail, elderly and disabled.

My name is Dr. John Musher and I am Director of Medical Services for Beverly Health Care Corporation. I speak today on behalf of the American Health Care Association (AHCA). We are a national organization representing some 12,000 providers of long term care, and employing more than 1.5 million caregivers.

I'd like to thank the Chairman for calling this important hearing, as it provides the long term care community the opportunity to outline what we are doing to help improve the quality of our patients' oral health, discuss some of the chronic systemic problems we face, and to underscore the necessity of stepping up preventative care.

I have been in the care giving profession for many years, and am keenly aware that good oral health care is a prerequisite to one's overall health status, and the two cannot be viewed in isolation.

Oral health in the elderly is of the utmost importance to providers. Proper assessment and intervention is critical to quality care and the quality of life of our patients. Lack of oral health can often lead to other problems such as difficulty eating, malnutrition, pain, depression, weight loss, and even skin breakdown. Residents with dementia are particularly challenging to treat, and the scarcity of dentists in long term care poses a challenge.

Mr. Chairman, I would like to impress two points upon the committee and the stakeholders assembled here. First that oral health in the elderly is an issue providers take very seriously, and second, that we need a collaborative approach to addressing the challenges that impede the timely assessment and treatment of oral health problems in the elderly.

Our goal must be to better assess oral health problems, bolster staff training to identify and treat problems, and increase patient access to quality dental care.

Currently, all nursing home patients are assessed by nursing staff on a routine basis for chewing and swallowing problems. This assessment is part of the current MDS, Section K Oral/Nutritional Status. The MDS full assessment looks for chewing problems, swallowing problems and mouth pain.

The Section L, Oral/Dental Status questions of the current MDS Full Assessment, under L1, includes the following:

- Checking for debris (soft easily movable substances) present in the mouth prior to going to bed at night;
- Assessing whether a patient has dentures or a removable bridge;
- Evaluating the extent of some or all natural teeth lost;
- Checking for broken, loose, or carious teeth;
- Evaluating the possibility of inflamed gums, swollen or bleeding gums, oral abscesses, ulcers or rashes, and,
- Ensuring the daily cleaning of teeth/dentures or daily mouth care-by resident or staff.

Regarding matters related to reimbursement, Mr. Chairman, care provided by a dentist is covered under Medicare Part B -- yet patients must have supplemental coverage to pay for what Part B does not pay for. If the patient does not have a supplemental plan, then the patient may pay out-of-pocket, or when this is not possible, the facility often has to pay.

With regard to Medicaid – the payment source for nearly 70% of nursing home residents - many states do not cover dental services at all. Not coincidentally, those states where Medicaid does not cover dental services, or has limited coverage are the states where access to dental services is the biggest problem. To make matters worse, many states are proposing or planning on reducing this coverage to deal with their budget shortfalls.

Many states cover emergency care only. This poses a major problem when residents are admitted with years of neglected oral care and states will not classify needs as emergency. Also, in many states, including Louisiana, only dentures are covered, and examination is only covered when in conjunction with denture construction. This leaves many more treatable needs unmet because no one can pay for the service. Nevertheless, nursing homes are required to meet the dental needs of their residents.

It is another classic example of government nursing home standards requiring services, and then not paying for them. The lack of payment creates a major access problem in the states that will not pay for services.

We face a variety of challenges when it comes to maximizing access to dental care, including the fact some facilities – especially in more isolated, hard to reach rural areas -- cannot find a consultant dentist to provide services at the facility. In addition, some facilities may not be equipped with a dental suite with which to accommodate a consultant dentist.

Some of the common patient issues we encounter, Mr. Chairman, include:

- Patients not wearing or refusing to wear their dentures;
- Patients losing or misplacing their dentures. This is a problem for families since replacing dentures are costly. As a result, the replacement of lost dentures can often become the basis of a general liability claim;

- Patients with dementia will sometimes take and wear another patient's dentures, which is often a primary cause for ill-fitting or lost dentures;
- Also, patients who are confused or have dementia or psychiatric issues may not allow a visual or manual examination of the mouth, and, for years, may have had a poor adherence to good oral hygiene. Unfortunately, many patients have become accustomed to not wearing their dentures and refuse to wear them when recommended by staff, physician, dentist and even family members.

While there are obvious cost implications associated with stepped up monitoring and better training, the benefits of oral care go far beyond simple economics: improved taste perception, food enjoyment, social interaction and, indeed, quality of life itself.

Collaboration is a key to improving assessment, access to care, and reimbursement issues.

From a big picture standpoint, we need to work collaboratively not just to improve the accuracy and consistency of the survey process in the context of oral health, but also encourage facilities to adopt quality assessment and improvement systems.

We have been working collaboratively with CMS, ADA, and other stakeholders to improve assessment skills and protocols with regard to oral care. These efforts are yielding increased understanding on the part of government and cooperation among the multiple disciplines that treat the elderly.

These collaborative efforts must be expanded to address issues of access and payment, treatment, and training. This type of collaborative approach is how we successfully reduced use of restraints, and addressed malnutrition through the Nutrition Screening Initiative (NSI). I would just add that the Federal and State governments – as the major payor source must not abdicate its responsibility to pay for the services our elderly require.

Clearly, Mr. Chairman, the status quo as it relates to dental care and the survey process needs improvement. While adhering and working to improve our survey process on one hand, we also believe that quality improvement and associated systems must be resident-centered. They must be based on solid, well-understood policies and procedures and resident care protocols that enable the facility interdisciplinary team to monitor both clinical conditions and the processes of care that will lead to improved oral health outcomes for residents.

In conclusion, Mr. Chairman and Members of this Committee, I can say that there has never been a broader recognition of the importance of quality or a broader commitment to work to improve it on a comprehensive basis.

The remarks and observations of all here today underscore the fact that sound oral health is just as important as every other facet of care. We, as providers, know that we must lead in improving care quality, public trust and customer satisfaction – and we look forward to working with you on a permanent, ongoing, collaborative basis to do so.